

**Instructions:** This is an application for laboratory certification and registration for wastewater treatment plants located in the State of Wisconsin. The application is only one part of the certification process; completing and submitting an application does not constitute certification. Complete certification requirements are available in the Program Information and Requirements Booklet (PUBL-TS-007-98). If your laboratory wishes to be certified in categories *other than* 1-4, you must submit Form 4300-002, Laboratory Certification or Registration Application.

For additional information, contact the Laboratory Certification and Registration Program:

Telephone: (608) 267-7633  
FAX: (608) 266-5226  
E-mail: LabCert@dnr.state.wi.us  
Program Homepage: <http://www.dnr.state.wi.us/org/es/science/lc/>

**Notice:** Authorization for this form is contained in ss. 299.11(7)(f), Wis. Stats., and NR 149.07(1), Wis. Adm. Code. Completion of this form is mandatory if your laboratory intends to become certified or registered in the State of Wisconsin. The Wisconsin Department of Natural Resources will not grant certification or registration in the State of Wisconsin if the laboratory fails to complete this form. Personally identifiable information on this form will be used by the Wisconsin DNR only for the purposes of laboratory certification. The Department may also provide this information to requesters under Wisconsin's open records law [ss. 19.31-19.39, Wis. Stats.].

### Part 1: Facility and Contact Information

List the following in the box provided for each item.

WI Facility Identification Number (FID)

Facility Name		Telephone		FAX	
Laboratory Location Address		City		State	Zip
Mailing Address, if different from above		City		State	Zip
Name of Laboratory Director		Telephone	E-mail Address		
Name of QA Officer		Telephone	E-mail Address		
Name of Laboratory Certification or Registration Contact		Telephone	E-mail Address		
Name of Billing Contact		Federal Employer Identification Number			

### Part 2: Laboratory Information

Please identify the matrices routinely analyzed.

**TYPES OF SAMPLES PROCESSED** (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> Municipal Wastewater (Domestic)  | <input type="checkbox"/> Public Water Supply         |
| <input type="checkbox"/> Industrial Pretreatment Effluent | <input type="checkbox"/> Wastewater Treatment Sludge |

### Part 3: Application Type

To determine the appropriate application fees, check the following:

#### Initial Application

☐ Not currently certified or registered

Our lab is applying for

☐ Certification  
☐ Registration

#### Revised Application

☐ Adding test categories or parameters within a test category  
☐ Laboratory Name Change

Previous Laboratory Name, if applicable:

### Part 4: Application Fees

Initial applications require both an application fee and base fee. Enter the amount(s) due for this application in Column 2.

Initial Applications	FY 2007 Fee	Amount Due
<input type="checkbox"/> Initial Application Fee	\$348.00	
<input type="checkbox"/> Annual Certification Base Fee	\$870.00	
<input type="checkbox"/> Annual Registration Base Fee	\$580.00	
<b>Revised Applications Only</b>		
<input type="checkbox"/> Revised Application Fee	\$174.00	
<b>Subtotal:</b>		

### Part 5: Test Category Fees

For **Initial** applications: place a check before each test category for which certification or registration is requested. Enter the amount due for each test category.

For **Revised** applications: place a check before each test category for which certification or registration is requested. If you are adding a new test category, enter the amount due for each new test category. If you are adding tests within a category you hold current certification or registration, enter "0" as the amount due in column 2.

*The following fee schedule is effective July 1, 2006 and is subject to change July 1, 2007*

CATEGORY		FY 2007 FEE	AMOUNT DUE
<input type="checkbox"/> 1	Oxygen Utilization (BODs)	58.00	
<input type="checkbox"/> 2	Nitrogen	58.00	
<input type="checkbox"/> 3	Phosphorus	58.00	
<input type="checkbox"/> 4	Physical (Solids, Oil & Grease)	58.00	
		(sum)	

#### Part 6: Total Amount Due

**Calculate the total fee due** for this application and enclose a check payable to the **Wisconsin Department of Natural Resources** for the amount indicated:

- |   |       |
|---|-------|
| 1) Subtotal from Part 4:                    | _____ |
| 2) Subtotal from Part 5:                    | _____ |
| 3) Total Fee Due (sum lines 1 and 2, above) | _____ |

#### Part 7: Additional Information Required With Application

Submit all of the data and information asked for in this section with your application. Applications received without all of the information outlined in this section will be considered incomplete, which will delay processing.

**Equipment List** - Submit a current list of analytical equipment used by the laboratory to perform the test methods identified below.

**Reference Samples** - Attach copy of acceptable reference sample (also known as PT, PE) results from at least one of the approved reference sample providers for each test or test categories for which certification or registration is desired.

These results must have been completed within six months of the date of application. Make sure that the sample contains the proper analytes and concentration levels. Contact the Laboratory Certification and Registration Program or visit our website for a current list of approved providers.

***Note:** A reference sample is not required for Category 02 - Nitrite.*

Several categories only require acceptable results on "key analytes" for all the analytes in the category. The key analytes and categories are: Category 01- Biochemical Oxygen Demand, Category 03- Total Phosphorus and Category 04- Total Suspended Solids.

**Quality Assurance/Quality Control** - The laboratory is required to maintain, at a minimum, the quality assurance program outlined in sec. NR 149.14, Wis. Adm. Code. Components of a laboratory quality assurance program to be submitted with this application include:

- Initial demonstration of capability (IDC, also known as initial precision and recovery, IPR), if applying for Hexane-Extractable Materials;
- Detection limit (MDLs, also known as limit of detection, LOD) studies, if applying for Category 02 or 03 if using ion chromatography; and
- Quality Assurance Plan, only if an initial application.

Per s. NR 149.07 (1)(d), Wis. Adm. Code, the Department may request, on a case-by-case basis, any additional information necessary to demonstrate a laboratory's compliance with the requirements of this chapter.

#### Part 8: Method References

If the method reference is not included below, list the method reference in the space provided.

*Specify the edition used of the references below (if applicable)*

*Edition*

A. Standard Methods for the Examination of Water and Wastewater, APHA

B. Methods for Chemical Analysis of Water and Wastes, U. S. EPA

C.

D.

### Part 9: Analytical Methods

Complete the following, listing the analytical method used by the laboratory for each analyte and matrix within each test category for which certification or registration is requested. These methods shall be the analytical method required by applicable state or federal regulation or permit, or as approved under s. NR 149.12, Wis. Adm. Code. If a regulatory agency or permit does not prescribe the analytical method, the method shall be selected from an authoritative source specified by the Department in s. NR 149.03 (05), Wis. Adm. Code.

Test Category/Analyte	Municipal Wastewater	Industrial Pretreatment	Other (specify matrix)
<b>EXAMPLES</b>			
<input checked="" type="checkbox"/> Biochemical Oxygen Demand	A; 5210		
<input checked="" type="checkbox"/> Total Phosphorus	A;4500-P B & E	A;4500-P B & E	
<b>01 Oxygen Utilization</b>			
<input type="checkbox"/> Biochemical Oxygen Demand			
<input type="checkbox"/> Carbonaceous BOD			
<b>02 Nitrogen</b>			
<input type="checkbox"/> Nitrate as Nitrogen			
<input type="checkbox"/> Nitrite as Nitrogen			
<input type="checkbox"/> Nitrate + Nitrite as Nitrogen			
<input type="checkbox"/> Ammonia as Nitrogen			
<input type="checkbox"/> Total Kjeldahl Nitrogen			
<b>03 Phosphorus</b>			
<input type="checkbox"/> Total Phosphorus			
<input type="checkbox"/> Orthophosphate			
<b>04 Physical</b>			
<input type="checkbox"/> Total Suspended Solids			
<input type="checkbox"/> Total Solids			
<input type="checkbox"/> Total Dissolved Solids			
<input type="checkbox"/> Total Volatile Solids			
<input type="checkbox"/> Total Volatile Suspended Solids			
<input type="checkbox"/> Oil and Grease			
<input type="checkbox"/> Hexane Extractable Material			

PLEASE NOTE:

- In accordance with s. NR 149.07(3), Wis. Adm. Code, a laboratory may not apply and the Department may not accept application for additional certification or registration or reapplication when: (a) a notice of violation has been issued for a violation of this chapter and the problems causing enforcement have not been corrected, (b) an administrative order has been issued for violation of this chapter, or (c) a laboratory is not in compliance with this chapter at the time it voluntarily relinquishes its certification or registration, the problems have not been corrected, and 6 months have not elapsed.
- The certification or registration period is September 1 to August 31.
- Certification is nontransferable. If ownership changes, a transfer of ownership application must be submitted.
- Incomplete applications expire one year from the application receipt date.
- Fees are non-refundable, except for overpayment.
- The WDNR should be informed of any changes in the information given in this application.

**Part 10: Applicant Signature**

In signing this application, the laboratory has:

- a) Established and will follow quality control procedures specified in s. NR 149.14, Wis. Adm. Code.
- b) Complied and will continue to comply with the Wisconsin Laboratory Certification and Registration Code, ch. NR 149, Wis. Adm. Code.
- c) Agreed to allow the Wisconsin Department of Natural Resources or its representatives to inspect the laboratory to determine compliance with ch. NR 149, Wis. Adm. Code.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner or Agent

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address (if different from laboratory):

**Have you included the following in this package?**

- ☐ Fees; payable to Wisconsin Department of Natural Resources
- ☐ Reference Sample Results
- ☐ Equipment List
- ☐ Detection Limit and Initial Demonstration of Capability data where required
- ☐ Quality Assurance Manual, initial applications only

**MAIL COMPLETED APPLICATION AND ATTACHMENTS TO:**

Wisconsin Department of Natural Resources  
Laboratory Certification Program  
P. O. Box 7921  
Madison, WI, 53707-7921